

RECEIVED

JUN 19 2019

RICHARD W. NAGEL, CLERK OF COURT  
COLUMBUS, OHIO

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF OHIO

FRED L. BILLITER JR.

(ENTER ABOVE THE NAME OF THE PLAINTIFF IN THIS ACTION)

IF THE PLAINTIFF IS A PRISONER: PRISONER # 383-177

vs.

OSU WEXNER MEDICAL CENTER

(ENTER ABOVE THE NAME OF THE DEFENDANT IN THIS ACTION)

IF THERE ARE ADDITIONAL DEFENDANTS PLEASE LIST THEM:

DANIEL VAZQUEZ, MD

ANGHELA Z. PAREDES, MD

2 19 CV 2550

Judge Smith

MAGISTRATE JUDGE JOLSON

COMPLAINT

I. PARTIES TO THE ACTION:

PLAINTIFF: PLACE YOUR NAME AND ADDRESS ON THE LINES BELOW. THE ADDRESS YOU GIVE MUST BE THE ADDRESS THAT THE COURT MAY CONTACT YOU AND MAIL DOCUMENTS TO YOU. A TELEPHONE NUMBER IS REQUIRED.

FRED L. BILLITER JR.

NAME - FULL NAME PLEASE - PRINT

15708 McConnelsville Road

ADDRESS: STREET, CITY, STATE AND ZIP CODE

CALDWELL, OHIO 43724

N/A

TELEPHONE NUMBER

IF THERE ARE ADDITIONAL PLAINTIFFS IN THIS SUIT, A SEPARATE PIECE OF PAPER SHOULD BE ATTACHED IMMEDIATELY BEHIND THIS PAGE WITH THEIR FULL NAMES, ADDRESSES AND TELEPHONE NUMBERS. IF NO ADDITIONAL PLAINTIFFS EXIST CONTINUE WITH THIS FORM.

PAGE 2 AND 3 OF THIS FORM DEAL ONLY WITH A PLAINTIFF THAT IS INCARCERATED AT THE TIME OF FILING THIS COMPLAINT.

IF YOU ARE A PRISONER FILING A CIVIL SUIT THE FOLLOWING INFORMATION IS REQUIRED:

PREVIOUS LAWSUITS:

A. HAVE YOU BEGUN OTHER LAWSUITS IN STATE OR FEDERAL COURT DEALING WITH THE SAME FACTS INVOLVED IN THIS ACTION OR OTHERWISE RELATING TO YOUR IMPRISONMENT? YES  NO

B. IF YOUR ANSWER TO A IS YES, DESCRIBE THE LAWSUIT IN THE SPACE BELOW. (IF THERE IS MORE THAN ONE LAWSUIT, DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THE SAME OUTLINE.)

1. PARTIES TO THIS PREVIOUS LAWSUIT

PLAINTIFFS:

FRED L. BILLITER JR. #383-177

DEFENDANTS:

DEPUTY WARDEN CRAIG AUFDEM KAMPE

CPS CASE MANAGER D1 JOHN RICHARDS

SGT. JOHN WHEELER D1 UNIT

2. COURT (IF FEDERAL COURT, NAME THE DISTRICT; IF STATE COURT, NAME THE COUNTY)

SOUTHERN DISTRICT

3. DOCKET NUMBER

219-cv-00715-JLG-KAJ

4. NAME OF THE JUDGE TO WHOM THE CASE WAS ASSIGNED

Judge: JAMES L. GRAHAM

5. DISPOSITION (FOR EXAMPLE, WAS THE CASE DISMISSED? WAS IT APPEALED? IS IT STILL PENDING?)

STILL PENDING

6. APPROXIMATE DATE OF THE FILING OF THE LAWSUIT

MARCH 1, 2019

7. APPROXIMATE DATE OF THE DISPOSITION

NOT DISPOSED OF AS OF TO THE MERITS YET

**PLACE OF PRESENT CONFINEMENT**

A. IS THERE A PRISONER GRIEVANCE PROCEDURE IN THIS INSTITUTION?  
YES ( ) NO (X)

B. DID YOU PRESENT THE FACTS RELATING TO YOUR COMPLAINT IN THIS STATE  
PRISONER GRIEVANCE PROCEDURE? YES ( ) NO (X)

C. IF YOUR ANSWER IS YES:

1. WHAT STEPS DID YOU TAKE?

## 1. WHAT STEPS DID YOU TAKE?

## THEORETICAL AND PRACTICAL OUTCOMES OF

11. *Leucosia* (Leucosia) *leucostoma* (Fabricius) (Fig. 11)

## 2. WHAT WAS THE RESULT?

## ДЕНЬГИХЕНКЕХ

11. *What is the name of the author of the book you are reading?*

D. IF YOUR ANSWER IS NO, EXPLAIN WHY NOT

BECAUSE THE OSU WEXNER MEDICAL CENTER IS NOT

#### PART OF PRISON SYSTEM

E. IF THERE IS NO PRISON GRIEVANCE PROCEDURE IN THIS INSTITUTION, DID YOU COMPLAIN TO PRISON AUTHORITIES? YES ( ) NO ( )

E. IF YOUR ANSWER IS YES:

#### 1. WHAT STEPS DID YOU TAKE?

YES, I DID TO ALL THE MEDICAL STAFF AT THE NOBLE  
CORRECTIONAL INSTITUTION WHO INTURN SENT ME BACK  
TO OSU WEXNER MEDICAL CENTER FOR FURTHER TREATMENT

## 2. WHAT WAS THE RESULT?

A SECOND SURGERY WAS REQUIRED FOR THE PROCEDURE  
THAT WAS PREVIOUSLY DONE BY OSU WEXNER MEDICAL  
CENTER AND ITS PHYSICIANS

DEFENDANTS:

PLACE THE NAME AND ADDRESS OF EACH DEFENDANT YOU LISTED IN THE CAPTION ON THE FIRST PAGE OF THIS COMPLAINT. THIS FORM IS INVALID UNLESS EACH DEFENDANT APPEARS WITH FULL ADDRESS FOR PROPER SERVICE.

1. OSU WEXNER MEDICAL CENTER

NAMES - FULL NAME PLEASE

410 WEST 10th AVENUE COLUMBUS, OHIO 43210

ADDRESS - STREET, CITY, STATE AND ZIP CODE

2. DANIEL VAZQUEZ, MD

410 WEST 10th AVENUE COLUMBUS, OHIO 43210

3. ANGHELA Z. PAREDES, MD

410 WEST 10th AVENUE COLUMBUS, OHIO 43210

4.

 

5.

 

6.

 

IF THERE ARE ADDITIONAL DEFENDANTS, PLEASE CONTINUE LISTING THEM.

**STATEMENT OF CLAIM**

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

DO NOT GIVE ANY LEGAL ARGUMENTS OR CITE ANY CASES OR STATUTES.

IF YOU HAVE A NUMBER OF DIFFERENT CLAIMS; PLEASE NUMBER AND SET FORTH EACH CLAIM IN A SEPARATE PARAGRAPH. USE AS MUCH SPACE AS YOU NEED. YOU ARE NOT LIMITED TO THE PAPERS WE GIVE YOU. ATTACH EXTRA SHEETS THAT DEAL WITH YOUR STATEMENT CLAIM IMMEDIATELY BEHIND THIS PIECE OF PAPER.

My first (1) claim aganist the OSU WEXNER MEDICAL CENTER  
IS FOR MEDICAL MALPRATICE IN THE WAY MY HERNIA SURGERY WAS  
UNPROFESSIONALY TREATED AND TAKEN CARE OF BY THE OSU MEDICAL  
STAFF OF PHYSICIANS ASSIGNED TO ME FOR MY CARE AND TREATMENT  
WHICH WAS BOTCHED THE FIRST TIME IN DECEMBER OF 2016 TO  
WHERE I HAD TO HAVE THE SAME PROCEDURE REPEATED AGAIN IN  
APRIL OF 2018 FOR THE BOTCHED SURGERY THAT WAS PERFORMED UPON  
ME WHICH CAUSED ME GREAT PAIN AND DISCONFORT AND SERIOUS  
CONCERNS OF THE WAY OUS WEXNER MEDICAL CENTER ALLOWED IT'S  
PHYSICIANS TO PRATICE MEDICANE AND PERFORME SURGERY ON IT's  
PATIENCES SUCH AS MYSELF.

**RELIEF**

IN THIS SECTION PLEASE STATE (WRITE) BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENT, CITE NO CASES OR STATUTES.

I WANT THIS HONORABLE COURT TO COMPENSATE ME FOR MY PAIN

AND SUFFERING THAT I RECEIVED THROUGH THE MEDICAL MAL-

PRACTICE OF IT'S PHYSICIANS EMPLOYEED AT THE INSTITUTION

TO WHOM THEY WERE CHARGED WITH MY CARE AND TREATMENT WHICH

CAUSED ME TO HAVE A SECOND SURGERY AND TO THIS DAY I AM

STILL AFFECTED BY THAT CARE AND TREATMENT AT THE OSU

WEXNER MEDICAL CENTER

SIGNED THIS 27<sup>th</sup> DAY OF JUNE - 12 20<sup>19</sup>.

  
SIGNATURE OF PLAINTIFF

RECEIVED

JUN 19 2019

RICHARD W. NAGEL, CLERK OF COURT  
COLUMBUS, OHIO

IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF OHIO

FRED L. BILLITER JR.

(ENTER ABOVE THE NAME OF THE PLAINTIFF IN THIS ACTION)

IF THE PLAINTIFF IS A PRISONER: PRISONER # 383-177

vs.

DANIEL VAZQUEZ, MD

(ENTER ABOVE THE NAME OF THE DEFENDANT IN THIS ACTION)

IF THERE ARE ADDITIONAL DEFENDANTS PLEASE LIST THEM:

OSU WEXNER MEDICAL CENTER

ANGHELA Z. PAREDES MD,

COMPLAINT

I. PARTIES TO THE ACTION:

PLAINTIFF: PLACE YOUR NAME AND ADDRESS ON THE LINES BELOW. THE ADDRESS YOU GIVE MUST BE THE ADDRESS THAT THE COURT MAY CONTACT YOU AND MAIL DOCUMENTS TO YOU. A TELEPHONE NUMBER IS REQUIRED.

FRED L. BILLITER JR.

NAME - FULL NAME PLEASE - PRINT

15708 McConnellsburg Road

ADDRESS: STREET, CITY, STATE AND ZIP CODE

CALDWELL, OHIO 43724

N/A

TELEPHONE NUMBER

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PAGE 2 AND 3 OF THIS FORM DEAL ONLY WITH A PLAINTIFF THAT IS INCARCERATED AT THE TIME OF FILING THIS COMPLAINT.

IF YOU ARE A PRISONER FILING A CIVIL SUIT THE FOLLOWING INFORMATION IS REQUIRED:

PREVIOUS LAWSUITS:

- A. HAVE YOU BEGUN OTHER LAWSUITS IN STATE OR FEDERAL COURT DEALING WITH THE SAME FACTS INVOLVED IN THIS ACTION OR OTHERWISE RELATING TO YOUR IMPRISONMENT? YES  NO
- B. IF YOUR ANSWER TO A IS YES, DESCRIBE THE LAWSUIT IN THE SPACE BELOW. (IF THERE IS MORE THAN ONE LAWSUIT, DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THE SAME OUTLINE.)

1. PARTIES TO THIS PREVIOUS LAWSUIT

PLAINTIFFS:

FRED L. BILLITER JR. #383-177

DEFENDANTS:

DEPUTY WARDEN CRAIG AUFDEMKAMPE

CPS CASE MANAGER JOHN RICHARDS

SGT. JOHN WHEELER D1 UNIT

2. COURT (IF FEDERAL COURT, NAME THE DISTRICT; IF STATE COURT, NAME THE COUNTY)

SOUTHERN DISTRICT

3. DOCKET NUMBER

219-cv-00715-JLG-KAJ

4. NAME OF THE JUDGE TO WHOM THE CASE WAS ASSIGNED

Judge: JAMES L. GRAHAM

5. DISPOSITION (FOR EXAMPLE, WAS THE CASE DISMISSED? WAS IT APPEALED? IS IT STILL PENDING?)

STILL PENDING

6. APPROXIMATE DATE OF THE FILING OF THE LAWSUIT

MARCH 1, 2019

7. APPROXIMATE DATE OF THE DISPOSITION

NOT DISPOSED OF AS OF TO THE MERITS YET

PLACE OF PRESENT CONFINEMENT

A. IS THERE A PRISONER GRIEVANCE PROCEDURE IN THIS INSTITUTION?  
YES ( ) NO

B. DID YOU PRESENT THE FACTS RELATING TO YOUR COMPLAINT IN THIS STATE PRISONER GRIEVANCE PROCEDURE? YES ( ) NO

C. IF YOUR ANSWER IS YES:

1. WHAT STEPS DID YOU TAKE?

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2. WHAT WAS THE RESULT?

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D. IF YOUR ANSWER IS NO, EXPLAIN WHY NOT.

BECAUSE DANIEL VAZQUEZ, MD IS NOT ASSOCIATED

WITH THE PRISON SYSTEM.

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E. IF THERE IS NO PRISON GRIEVANCE PROCEDURE IN THIS INSTITUTION, DID YOU COMPLAIN TO PRISON AUTHORITIES? YES  NO ( )

F. IF YOUR ANSWER IS YES:

1. WHAT STEPS DID YOU TAKE?

YES, I DID TO ALL THE MEDICAL STAFF AT THE NOBLE  
CORRECTIONAL INSTITUTION WHO INTURN SENT ME BACK  
TO OSU WEXNER MEDICAL CENTER FOR FURTHER TREATMENT

2. WHAT WAS THE RESULT?

A SECOND SURGERY WAS REQUIRED FOR THE PROCEDURE  
THAT WAS PREVIOUSLY DONE BY DANIEL VAZQUEZ, MD  
AT THE OSU WEXNER MEDICAL CENTER

DEFENDANTS:

PLACE THE NAME AND ADDRESS OF EACH DEFENDANT YOU LISTED IN THE CAPTION ON THE FIRST PAGE OF THIS COMPLAINT. THIS FORM IS INVALID UNLESS EACH DEFENDANT APPEARS WITH FULL ADDRESS FOR PROPER SERVICE.

1.	<u>DANIEL VAZQUEZ, MD</u>
	NAMES - FULL NAME PLEASE
	<u>410 WEST 10th AVENUE COLUMBUS, OHIO 43210</u>
	ADDRESS - STREET, CITY, STATE AND ZIP CODE
2.	<u>OSU WEXNER MEDICAL CENTER</u>
	<u>410 WEST 10th AVENUE COLUMBUS, OHIO 43210</u>
3.	<u>ANGHELA Z. PAREDES, MD</u>
	<u>410 WEST 10th AVENUE COLUMBUS, OHIO 43210</u>
4.	
5.	
6.	

IF THERE ARE ADDITIONAL DEFENDANTS, PLEASE CONTINUE LISTING THEM.

**STATEMENT OF CLAIM**

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

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My first (1) claim aganist DANIEL VAZQUEZ, MD  
IS FOR MEDICAL MALPRATICE IN THE WAY MY HENERIA SUGERY WAS  
UNPROFESSIONLY TREATED AND TAKEN CARE OF BY THE PHYSICIAN  
ASSIGNED TO DO MY HERNIA SURGERY AND ASSIGNED TO ME FOR MY  
CARE AND TREATMENT WHICH WAS BOTCHED THE FIRST IN DECEMBER  
OF 2016 TO WHERE I HAD TO HAVE THE SAME PROCEDURE REPEATED  
AGAIN IN APRIL OF 2018 FOR THE BOTCHED SURGERY THAT WAS  
PERFORMED UPON ME WHICH CAUSED ME GREAT PAIN AND DISCOMFORT  
AND SERIOUS CONCERNS OF THE WAY DANIEL VAZQUEZ, MD  
HANDLED MY CARE AND TREATMENT UNDER THE BANNER OF THE OSU  
WEXNER MEDICAL CENTER FOR THE SURGERY THAT WAS PERFORMED  
UNDER THIS PHYSICIAN CARE.

RELIEF

IN THIS SECTION PLEASE STATE (WRITE) BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENT, CITE NO CASES OR STATUTES.

I WANT THIS HONORABLE COURT TO COMPENSATE ME FOR MY PAIN

AND SUFFERING THAT I RECEIVED AT THE HANDS OF DANIEL VAZQUEZ

MD, A PRACTICING PHYSICIAN AT THE OSU WEXNER MEDICAL CENTER

WHO WAS CHARGED WITH MY CARE AND TREATMENT WHICH CAUSED ME

TO HAVE A SECOND SURGERY AND TO THIS DAY I AM STILL AFFECTED

BY THE CARE AND TREATMENT BY THE HANDS OF DANIEL VAZQUEZ, MD

AS A MEMBER OF THE OSU WEXNER MEDICAL CENTER STAFF.

SIGNED THIS 18<sup>th</sup> DAY OF JUNE 12 2019.

  
SIGNATURE OF PLAINTIFF

RECEIVED  
JUN 19 2019  
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vs.

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OSU WEXNER MEDICAL CENTER

DANIEL VAZQUEZ, MD

2 19 CV 2550

Judge Smith

MAGISTRATE JUDGE JOLSON

**COMPLAINT**

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TELEPHONE NUMBER

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DEFENDANTS:

DEPUTY WARDEN CRAIG AUFDEMKAMPE

CPS CASE MANAGER D! JOHN RICHARDS

SGT. JOHN WHEELER D! UNIT

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PLACE OF PRESENT CONFINEMENT

A. IS THERE A PRISONER GRIEVANCE PROCEDURE IN THIS INSTITUTION?  
YES ( ) NO (X)

B. DID YOU PRESENT THE FACTS RELATING TO YOUR COMPLAINT IN THIS STATE PRISONER GRIEVANCE PROCEDURE? YES ( ) NO (X)

C. IF YOUR ANSWER IS YES:

1. WHAT STEPS DID YOU TAKE?

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2. WHAT WAS THE RESULT?

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D. IF YOUR ANSWER IS NO, EXPLAIN WHY NOT.

BECAUSE ANGHELA Z. PAREDES, MD REVIEW IS NOT  
PART OF PRISON SYSTEM

---

---

E. IF THERE IS NO PRISON GRIEVANCE PROCEDURE IN THIS INSTITUTION, DID YOU COMPLAIN TO PRISON AUTHORITIES? YES (X) NO ( )

F. IF YOUR ANSWER IS YES:

1. WHAT STEPS DID YOU TAKE?

YES, I DID TO ALL THE MEDICAL STAFF AT THE NOBLE  
CORRECTIONAL INSTITUTION WHO INTURN SENT ME BACK TO  
OSU WEXNER MEDICAL CENTER FOR FURTHER TREATMENT

2. WHAT WAS THE RESULT?

A SECOND SURGERY WAS REQUIRED FOR THE PROCEDURE  
THAT WAS PREVIOUSLY DONE BY WEXNER MEDICAL  
CENTER AND ITS PHYSICIANS IN ANGHELA Z. PAREDES.

**DEFENDANTS:**

PLACE THE NAME AND ADDRESS OF EACH DEFENDANT YOU LISTED IN THE CAPTION ON THE FIRST PAGE OF THIS COMPLAINT. THIS FORM IS INVALID UNLESS EACH DEFENDANT APPEARS WITH FULL ADDRESS FOR PROPER SERVICE.

1. ANGHELA Z. PAREDES, MD  
NAMES - FULL NAME PLEASE

410 WEST 10th AVENUE COLUMBUS, OHIO 43210  
ADDRESS - STREET, CITY, STATE AND ZIP CODE

2. OSU WEXNER MEDICAL CENTER

410 WEST 10th AVENUE COLUMBUS, OHIO 43210

3. DANIEL VAZQUEZ, MD

410 WEST 10th AVENUE COLUMBUS, OHIO 43210

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IF THERE ARE ADDITIONAL DEFENDANTS, PLEASE CONTINUE LISTING THEM.

**STATEMENT OF CLAIM**

PLEASE WRITE AS BRIEFLY AS POSSIBLE THE FACTS OF YOUR CASE. DESCRIBE HOW EACH DEFENDANT IS INVOLVED. INCLUDE THE NAME OF ALL PERSONS INVOLVED. GIVE DATES AND PLACES.

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My first (1) claim aganist ANGHELA Z. PAREDES, MD  
IS FOR MEDICAL MALPRATICE IN THE WAY MY HERNI SURGERY WAS  
UNPROFESSIONLY TREATED AND TAKEN CARE OF BY THE RESIDENT  
ASSIGNED TO ME FOR MY CARE AND TREATMENT WHICH WAS BOTCHED  
THE FIRST IN DECEMBER OF 2016 TO WHERE I HAD TO HAVE THE  
SAME PROCEDURE REPEATED AGAIN IN APRIL OF 2018 FOR THE  
BOTCHED SURGERY THAT WAS PERFORMED UPON ME WHICH CAUSED ME  
GREAT PAIN AND DISCOMFORT AND SERIOUS CONCERNS OF THE WAY  
ANGHELA Z. PAREDES, MD HANDLED MY CARE AND TREATMENT UNDER  
THE BANNER OF THE OSU WEXNER MEDICAL CENTER FOR THE SURGERY  
THAT WAS PERFORMED UNDER THIS PHYSICIAN CARE.

## **RELIEF**

IN THIS SECTION PLEASE STATE (WRITE) BRIEFLY EXACTLY WHAT YOU WANT THE COURT TO DO FOR YOU. MAKE NO LEGAL ARGUMENT, CITE NO CASES OR STATUTES.

I WANT THIS HONORABLE COURT TO COMPENSATE ME FOR MY PAIN  
AND SUFFERING THAT I RECEIVED AT THE HANDS OF ANGHELA Z.

PAREDES MD. A PRACTICING PHYSICIAN AT THE OSU WEXNER MEDICAL  
CENTER WHO WAS CHARGED WITH MY CARE AND TREATMENT WHICH  
CAUSED ME TO HAVE A SECOND SURGERY AND TO THIS DAY I AM STILL  
AFFECTED BY CARE AND TREATMENT AT THE HANDS OF ANGHELA Z.

PAREDES AS A MEMBER OF THE OSU WEXNER MEDICAL CENTER STAFF.

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SIGNED THIS 71<sup>st</sup> DAY OF JUNE - 12 20<sup>19</sup>.

*Fred H. Bultman Jr.*  
SIGNATURE OF PLAINTIFF